



Department of Medical Assistance Services  
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<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Providers Participating in the Virginia Medicaid and FAMIS Programs

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 7/10/2017

**SUBJECT:** Commonwealth Coordinated Care Plus (CCC Plus) Managed Care Program-  
Update

The purpose of this memo is to notify providers of the August 1, 2017 program launch of the Department's Commonwealth Coordinated Care Plus managed care program. The CCC Plus program should not be confused with the *CCC Plus Home and Community Based Services Waiver*, effective July 1, 2017, and as described in the June 6, 2017 Medicaid Memo.

As shared in the March 27, 2017 and October 31, 2016 Medicaid Memos, the Department of Medical Assistance Services (DMAS), with support from the Governor and the General Assembly, is implementing a new managed long term services and supports (MLTSS) initiative, known as CCC Plus. CCC Plus will operate statewide across six regions as a mandatory Medicaid managed care program, and will serve approximately 216,000 individuals (adults and children) with disabilities and complex care needs. More than half of the CCC Plus participants are dually eligible for Medicare and Medicaid and many individuals (dual and non-dual) receive care through nursing facilities or through one of the DMAS home and community based services waivers. Individuals receiving services through the Developmental Disabilities waivers will be enrolled in CCC Plus for their non-waiver services only at this time.

CCC Plus will launch by region beginning in the Tidewater region on **August 1, 2017**. CCC Plus members will have access to an individualized, person-centered system of care that integrates medical, behavioral, and long term care services and supports. Members will have a dedicated care coordinator who will work with the member and their provider(s) to ensure timely access to high-quality care.

## **CCC PLUS HEALTH PLANS**

DMAS has statewide contracts with the six (6) health plans listed below.

### **CCC Plus Contracted Health Plans**

Aetna Better Health of Virginia	Optima Health Community Care
Anthem HealthKeepers Plus	UnitedHealthcare Community Plan
Magellan Complete Care of Virginia	Virginia Premier Health Plan

## **ENROLLMENT**

Enrollment into CCC Plus is required for eligible populations. Participants will have a choice health plans. CCC Plus enrollment will be handled by an independent enrollment broker, MAXIMUS, also known as the CCC Plus Helpline. The CCC Plus Helpline will provide information about CCC Plus to eligible members and process health plan enrollment requests received via telephone, website and mail. The CCC Plus Helpline hours of operation are Monday through Friday 8:30am to 6pm. Members or their authorized representative may call the Helpline at 1-844-374-9159. The CCC Plus enrollment website is available at: [cceplusva.com](http://cceplusva.com).

## **POPULATIONS AND OR SERVICES REMAINING IN FEE-FOR-SERVICE**

Individuals who are awaiting CCC Plus program assignment or who are not eligible to participate in CCC Plus (or another DMAS managed care program) will continue to be covered through the DMAS fee-for-service program. In addition, some services are carved-out of the CCC Plus managed care contract and will continue to be covered through fee-for-service. These are described at a high-level in the table below. Detailed information on CCC Plus included and excluded populations, carved-out services, and the CCC Plus regional implementation schedule are available on the CCC Plus webpage at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

Providers should continue to follow the Department's established processes for fee-for-service participants or for services that are carved out of the CCC Plus Contract for CCC Plus enrolled members. Providers should also continue to use the Virginia Medicaid Web Portal or MediCall to check eligibility and to obtain CCC Plus Program or other MCO program enrollment information, including the name of the Member's MCO.

CCC Plus Excluded Populations	CCC Plus Carved Out Services
<ol style="list-style-type: none"> <li>1. Limited Coverage Groups (Family Planning, Governor's Access Plan, Individuals with Medicare who do not have full Medicaid benefits, i.e., QMB only)</li> <li>2. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</li> <li>3. Certain Nursing Facilities (NF), including the Veterans NFs, Government owned NFs, The Virginia Home, State owned NFs.</li> <li>4. Psychiatric Residential Treatment Level C</li> <li>5. Alzheimer's Assisted Living Waiver</li> <li>6. Money Follows the Person (MFP)</li> <li>7. Hospice (CCC Plus enrolled individuals who elect hospice will remain in CCC Plus)</li> <li>8. PACE – coverage continues through the PACE provider.</li> <li>9. Medallion 3.0 and FAMIS MCO enrolled individuals; coverage continues through the MCO</li> </ol>	<ol style="list-style-type: none"> <li>1. DD Waiver Services, including waiver related transportation services, until after the completion of the ID/DD redesign</li> <li>2. Dental care through the Smiles for Children Program</li> <li>3. School Health Services required as part of the child's individualized education program (IEP)</li> <li>4. Community Intellectual Disability Case Management</li> <li>5. Individuals and Families Developmental Disability Services Support Coordination.</li> <li>6. Preadmission Screening Services</li> <li>7. Community mental health rehabilitation services (CMHRS) until 12/31/2017</li> </ol>

10. Individuals enrolled in the Health Insurance Premium Payment Program (HIPP)	
11. CCC enrolled individuals, until the CCC demonstration program ends.	
<i>Individuals who are not eligible to participate in CCC Plus or another managed care program will continue to receive services through fee-for-service.</i>	<i>Carved-out services are paid through fee-for-service for CCC Plus enrolled individuals. Some of these services may be included in CCC Plus at a later time</i>

## **CONTINUITY OF CARE AND EXISTING SERVICE AUTHORIZATIONS**

To ensure continuity of care, CCC Plus health plans will honor existing service authorizations for their enrolled members until the service authorization ends or for 90 days after the Member's CCC Plus enrollment begin date, whichever is sooner. Providers must contract with the member's health plan or have a single case agreement in place in order to receive reimbursement for services rendered to members in CCC Plus. The continuity of care period serves to provide additional time for providers to finalize credentialing and contracting with the plans. Non-contracted providers should contact the plans to ensure that they have an out-of-network agreement in place for claim payment purposes.

Following this 90 day continuity of care period, health plans have the option of transitioning the member to a provider in their network, or continuing to pay the provider on an out-of-network basis. Individuals who reside in a non-contracted nursing facility will not have to transition to a new nursing facility provider. The health plan will continue out of network reimbursement to the nursing facility provider in these circumstances.

Contracting and credentialing contacts for each of the CCC Plus health plans is available on the DMAS website at:

[http://www.dmas.virginia.gov/Content\\_atchs/mltss/Contracting%20and%20Credentialing%205.04.17%20docx.docx](http://www.dmas.virginia.gov/Content_atchs/mltss/Contracting%20and%20Credentialing%205.04.17%20docx.docx).

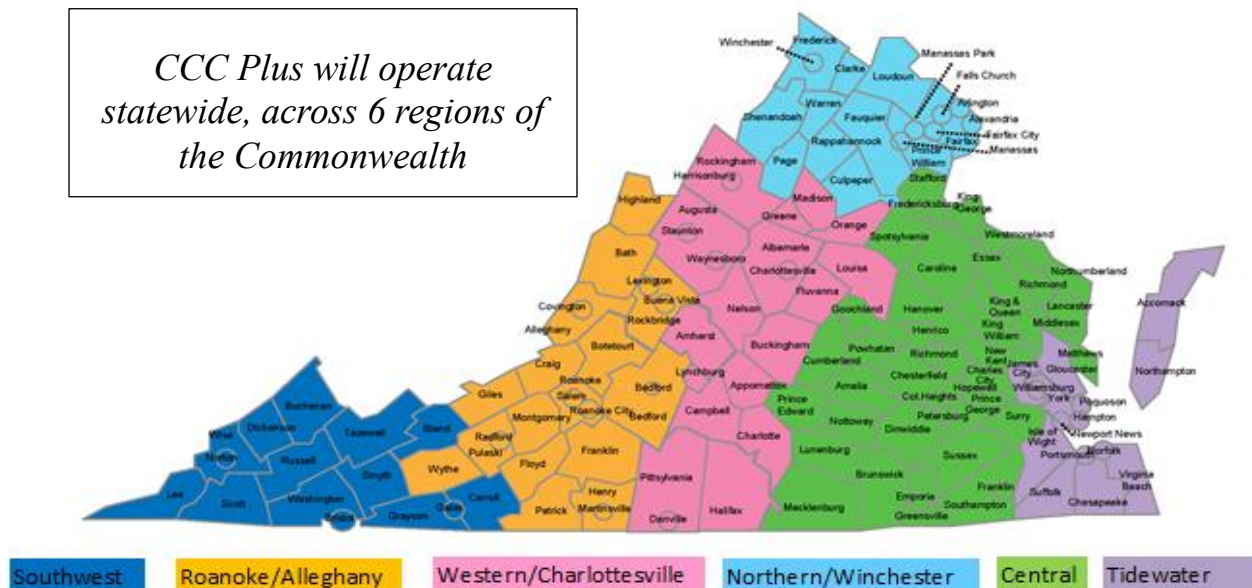
## **STAKEHOLDER INVOLVEMENT AND PROVIDER EDUCATION**

DMAS is continuing meetings between stakeholders and health plans to address business processes that might be streamlined. DMAS will host regional Town hall meetings for providers, other interested stakeholders and members, beginning on July 12, 2017 in Tidewater and continuing through November 16, 2017. Webinars will be held for several provider groups, as well as weekly conference calls with members. Information on the webinars and conference calls can be found at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-meetings.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-meetings.aspx). Additional information about CCC Plus is available at:

[http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx). Send CCC Plus Managed Care Program questions, comments, and suggestions to: [CCCPlus@dmas.virginia.gov](mailto:CCCPlus@dmas.virginia.gov).

## COMMONWEALTH COORDINATED CARE PLUS REGIONS AND TIMELINE

*CCC Plus will operate statewide, across 6 regions of the Commonwealth*



A list of CCC Plus localities for each region is available at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx).

CCC Plus Enrollment by Region & Launch Date			
Date	Regions	Regional Launch	All Populations
August 1, 2017	Tidewater	20,846	46,811
September 1, 2017	Central	23,368	52,698
October 1, 2017	Charlottesville/Western	17,266	30,114
November 1, 2017	Roanoke/Alleghany	11,169	26,014
November 1, 2017	Southwest	12,769	21,767
December 1, 2017	Northern/Winchester	26,450	39,447
January 2018	CCC Dual Demonstration Transition	28,205	
January 2018	Persons who are Aged, Blind, or Disabled (ABD) and transitioning from Medallion 3.0	76,778	
<b>Total</b>	<b>All Regions</b>	<b>216,851</b>	<b>216,851</b>

Source: VAMMIS Data; based on CCC Plus target population data as of May 31, 2017  
 "All Populations" equals the sum of the regional launch populations plus populations transitioning to CCC Plus from CCC and Medallion 3.0, on January 1, 2018

**MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

**MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:  
[http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf)

**COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

**VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

**KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

**"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is [http://www.dmas.virginia.gov/Content\\_pgs/appeal-home.aspx](http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx) and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.